EMS Definitions

Transport
- Emergency Transport – Response to 911 calls and the resulting transport of the patient to a receiving facility.
- Non-emergency Transport – Response to an acute, but non-life threatening issue and the resulting transport of the patient to a receiving facility.
- Care Coordination Transport – Movement of a person from one location to another while continuing health assessment/treatment. Two types:
  - Skilled Transport – An acute patient requiring medical care and/or monitoring during transportation.
  - Unskilled Transport – A non-acute patient not requiring medical care or monitoring during transportation.

Service Area
- Regional – Locally determined area surrounding a Primary Health Center and Partner Organization that could involve multiple city/county jurisdictions.

Staffing
- Full-time – Person that works a set schedule and works full-time hours (as determined by the facility).
- Part-time – Person that works a scheduled shift/opening on an as needed basis. If working a repetitive scheduled shift (example: 7a-7p every Monday and Wednesday), the hours are less than the hours worked by a person classified as full-time (as determined by the facility).
- PRN – Person that works a shift/opening on an as needed basis. Does not work a repetitive scheduled shift (example: 7a-7p every Monday and Wednesday), the hours are less than the hours worked by a person classified as full-time (as determined by the facility).
- Volunteer – Person that receives no compensation for provision of service beyond those costs directly incurred by the person (meal reimbursement, uniform expense, etc.).
- On-call – Person that receives some sort of compensation to be immediately available when needed.

Community Paramedicine
- Integrated Community Health – Service line that identifies and addresses a community health need with an appropriate health resource.
EMS Considerations to Support the Primary Health Center Model

Regional Coordination
Members of the Primary Health Center, Partner Organization and EMS will identify stakeholders required to be engaged in the patient transportation planning and coordination process. This work group will be responsible for the following:

- Define the regional area served by EMS, the Primary Health Center (PHC) and Partner Organization
- Identify the type of multi-jurisdictional agency agreements (MOUs) required to serve the needs of the region
- Identify and engage regional resources available (LTC, Behavioral Health etc.) and to address gaps in regional assets to ensure health care services are available to meet the population needs
- Establish methods to communicate service availability impacted by capacity, weather, staffing, hours of operations, equipment downtime

Regional stakeholders working in collaboration with medical staff and EMS medical directors, will develop policies and protocols to ensure quality patient care is consistently delivered, coordinated among healthcare providers to provide the best possible outcomes at the most appropriate location and to utilize resources efficiently, including:

- Triage protocols
- Bypass protocols
- Trauma and time critical diagnosis protocols
- Transportation protocols
- Pre-hospital and hospital surge capacity
- Dispatch protocols (to determine appropriate level of EMS and destination)

Communication and Information Sharing
Stakeholders will develop a regional communication plan to ensure all partners have the ability to share situational awareness. Potential communication systems to be considered:

- 800 MHz radios
- Cell phones
- Image Trend
- EMResource
- Centralized medical dispatch

Stakeholders will develop a regional communication plan to standardize information the PHC, EMS, partner organization, and dispatch should share in order to provide optimal patient care during acute transport. Information provided through protocols/templates/algorithms:

- Identify information required by EMS prior to transport
- Identify information required to determine best destination for the most appropriate level of patient care
- Identify how to access resource availability
Stakeholders will develop a regional communication plan to standardize information PHC, EMS, partner organization, and dispatch should share in order to provide optimal patient care during care coordination transport. Information provided through protocols/templates/algorithms:

- Identify core elements for EMS to access in the electronic health record required in the care of patient transports
- Identify who coordinates patient transports (PHC <-> partner hospital <-> tertiary facility). Including the availability of EMS resources and the PHC, partner organization or tertiary facility to accept patients. Is this a responsibility of dispatch, PHC, EMS?

Stakeholders will develop documentation to share among the region providing details on health care resources. Shared documentation will include:

- Regional EMS – EMS transport levels, staffing levels, number of EMS units, staffing capabilities
- PHC – Services available, hours of operation, staffing levels, bed capacity, providers on site vs call
- Partner hospital – Services available, bed capacity, providers on site vs call, specialist’s availability

**Integrated Staffing Models**
Stakeholders will explore and evaluate traditional staffing models versus integrated models of care as a way to improve access to patient care and community health, best utilize staff to address both low patient needs and surges in patient care demands.

- Staffing models should incorporate staff cross training and multidisciplinary education and training
- Education models should utilize best practices in nursing and EMS training to improve interdisciplinary collaboration and teamwork
- Examine the opportunity to incorporate integrated community health models in the regional plan as a way to improve population health, reduce unnecessary admissions and readmissions, and more efficiently address demands on regional healthcare resources

**Payment Model**
Stakeholders will explore and evaluate ways to demonstrate to CMS current EMS payments models should reflect their role in regionalization including:

- Integrated community health
- Allow payment to EMS when patients remain in their home environment when transport is not required